

**Application for Anthropometric Equipment 2007
South Dakota Department of Health**

Application for: ☐ **Scale** ☐ **Measuring Board**

School Building Name:

District Name:

Contact Name:

Telephone Number:

Email Address:

Mailing Address:

If approved, person and street address (not PO box) to whom to ship equipment:

Scale:

Is weight measured on a balance beam scale? Yes No

If no, how is weight obtained?

Is scale moved from location to location? Yes No

Where would this scale be located?

Would location allow for privacy when obtaining weight?

Why do you want a new scale?

Measuring Board:

Is height measured on a wall-mounted measuring board? Yes No

If no, how is height obtained?

Where would this measuring board be located?

Why do you want a new measuring board?

School Height/Weight Data Collection:

Has this school participated in the height/weight data collection?

Yes No If yes, what years?

Would you be willing to participate if you received this equipment?

Yes No

Approximately how many students would you measure each year?

Only one application allowed per school building. School agrees to submit data for a minimum of three years if awarded the equipment.

Signature of Building Principal: _____

Print name of principal: _____

Submit application by regular or electronic mail by September 29th to:

Kristin Biskeborn
SD Department of Health
300 S Courtland, Suite 109
Chamberlain, SD 57325

Questions? Contact Kristin at 734-4551 or Kristin.Biskeborn@state.sd.us